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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/675,407
Filing Date	September 30, 2003
First Named Inventor	Luis Burzio
Art Unit	3738
Examiner Name	Not Yet Assigned
Attorney Docket Number	SSI-011DV3

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
- the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- the attorneys/agents associated with Customer Number 021323

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

Client has failed to pay for work done by this firm on behalf of the client and has stated that it is  
The reasons for this request are: unlikely that any future work done by the firm on behalf of the client will be remunerated.

**APPROVED**

*William J. Wilkie  
SPLC, TO 1000  
3/12/04*

### CORRESPONDENCE ADDRESS

1.  The correspondence address is NOT affected by this withdrawal.
2.  Change the correspondence address and direct all future correspondence to:

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OR

<input checked="" type="checkbox"/>	Firm or Individual Name	Dr. James Wilkie			
Address		Surgical Sealants, Inc.			
Address		150 New Boston Street			
City	Woburn	State	MA	Zip	01801
Country		United States of America			
Telephone		781-937-8181		Fax	781-937-8180
Name	Ronda P. Moore, D.V.M.				
Signature	<i>Ronda P. Moore, D.V.M.</i>		Registration No.	44,244	
Date	February 3, 2004		Telephone No.	617-248-7044	

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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